

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

JAN 19 2010

LONG ISLAND OFFICE

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JOHN ANTHONY BIVIANO, CCC.

P.O. BOX 300

EAST NORTHPORT, N.Y. 11768
(In the space above enter the full name(s) of the plaintiff(s).)

CV - 10 0264
COMPLAINT

-against-

Jury Trial: ☒ Yes ☐ No

SALVATION ARMY

DEPT. OF SOCIAL SERVICES

DEPT. OF VETERAN'S AFFAIRS

DEPT. OF MOTOR VEHICLES

DEPT. OF FINANCE & TAXATION

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

[Signature] CCC.-----X

BIANCO, J.

LINDSAY, M.

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:

Name JOHN A. BIVIANO, CC.C. ESQ.

Street Address 79 MIDDLEVALLE ROAD

County, City SUFFOLK, NORTHPORT EAST

State & Zip Code NEW YORK 11768

Telephone Number _____

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name ALL TO BE NOTIFIED BELOW
 Street Address ATTACHED - STAFF SALVATION ARMY
 County, City EAST NORTHPORT NORTH
 State & Zip Code NEW YORK 11768
 Telephone Number (631) 261-4400 X OPERATOR

Defendant No. 2 Name ABOVE - JOEL BRIEMAN
 Street Address SAME
 County, City SAME
 State & Zip Code SAME
 Telephone Number SAME (631) 261-4400 X OPERATOR

Defendant No. 3 Name ABOVE - JOEL BREEMAN
 Street Address SAME
 County, City SAME
 State & Zip Code SAME
 Telephone Number (631) 261-4400 X OPERATOR

Defendant No. 4 Name ABOVE - JOEL BRIELMAN, BRELMAN
 Street Address SAME
 County, City SAME
 State & Zip Code SAME
 Telephone Number (631) 261-4400 X OPERATOR

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

ALL BILLS OF RIGHTS, SENIOR CITIZENS, HANDICAPPED, BIAS, ANTI THEFT LAWS, (ALL), FOUNDATION THEFT, CORPORATE THEFT, ANTI THEFT I.D., S.E.C.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship ALL COUNTRY'S OF ORIGIN'S. (USA)

Defendant(s) state(s) of citizenship INTERPOL / N.C.I.C. / LOCAL, STATE

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? NORTHPORT VAMC; NESCONSET, ST. JAMES, CORAM, RIVERHEAD, CALVERTON, HUNTINGTON STA.

B. What date and approximate time did the events giving rise to your claim(s) occur? CONT. OF VARIOUS DATES THRU OUT YEARS - APPROX. 6/99
ANTI THEFT POSTAL, I.D., DMV, TAX & FIN, REAL ESTATE, PENSION
*(PENDING) NOTIFICATION OF TRIALS - TWO WON, WITHIN 3 WKS.

C. Facts:

What happened to you?

FOUNDATION FRAUD TO ABOVE OF BEING FOUNDER, RETURN NAME INTO CORP. "STARS STRIPES, BETSY ROSS" FOUND USA
IS A NON-PROFIT WITH NO FUND RAISERS, OF ANY SORT, EXTRACTING UNDER FALSE NOTES FOR OTHER PEOPLES DONATIONS.

Who did what?

THE FOUNDATION HAS PRESIDENTIAL SEALS AND APPROVED BY CONGRESS, AND WORLD WIDE TITLES - INCLUDING THE KNIGHTHOOD OF THE SICILIAN MAFIA FAMILIES UNDER MY NAMES AS DEFENDERS OF THE R.C. CHURCH, VATICAN ROME, ITALY.

Was anyone else involved?

ALL 27 DIRECTORS OF VAMC, CORPORATIONS: GUIDE LIGHTHOUSE, BANKING DIVISIONS - CHASE, CITICORP, WASHINGTON MUTUAL, TD, HSBC, STERLING, CAPITAL ONE, WELLS FARGO, NORTHFORK, BK OF SMITHTOWN. PRENTAL (ROCK) INS. SMITH BARBNEY, BLOOMBERG, MERRILL LYNCH. SOTHEBY'S AS SAID FORTH TO COND.

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

COMPLETE LEFT SIDE - TOES, HEEL, LEG, HIP, RIBS - BOTH, CHEST,
NOT ALL INDICATED BY TESTS AT VAMC DOCTORS, BUT OTHERS OF DIFFERENT MEDICAL FIELDS.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. ALL MONIES WILL BE SEPERATED AT SAID AND DUE TIME ON A SPLIT DIVIED, INDICATED BY ALL BANKING LAWS UNDER FDIC TO BE APPLIED INTO QUARTERS OF TRUSTEES AS WELL AS AND INTO NON-PROFIT FOUNDATIONS OF CHOICE BY PERSENTAGES OF ALL EQUALS TO THOSE MENTIONED BY THE SEAL I, REPRESENT, AS C.C.C. ESQUIRE OF THE UNITED STATES FEDERAL COURTS, A LIEN TO ALL ACCOUNTS TO BE PLACED UPON PROPER SIGNATURES OF ALL SAID PARTIES UNDER U.S.C. 909, TO BE EQUAL SHARED. OF NO SAID AMOOUNT AT THIS TIME OF WRITTEN NOTICE TO ABOVE STITEMENT AND DECREE. CAN'T GIVE JUDGEMENT AWARD UNLESS RE-EXAM OF ALL INJURIES.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of JAN. FEBRUARY, 20 10

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

B. C. C. Esq. *
79 Middleville Rd.
Northport, N.Y. 11768
AT REQUEST OF NOTIFICATION BELOW
N/A
N/A

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

^ ALSO IN CARE OF: 127 FEDERAL PLAZA
SUITES 1446-1447
NEW YORK CITY, N.Y. 10007-1446